

TechCare**Seizure Chronic Care Appointment**

7/9/2003

Name **HAMPTON,RANDELL**DOC # **226420**Birth Date **10/15/1983**Appointment Date **7/9/2003****Subjective Data**

Frequency Of Seizures	~2WKS AGO
Aura (Describe)	DIZZY/WEAK
Body Movements	JERK
L.O.C.	YES
Incontinence	NO
Post Ictal	~20-30MIN
Interview Witness:	
Staggering Or Dizziness	NO

Nursing Exam

Pulse	84
Blood Pressure	112/80
Temperature	97.8
Gait	STEADY
Nystagmus	NO
Alertness	AO*3

Lab Test Results

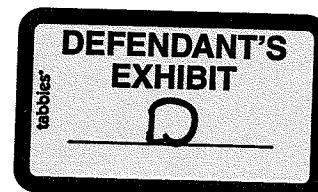
E.E.G.	N/ORDERED
C.T.	N/ORDERED
Drug Level (Specify)	DIL

Medications

Medication Compliance	COMP
Date Medication Ordered	YES
Education & Counseling	YES

Doctor Exam

Nystagmus	PERMD
Gait	
Focal Neuro Deficit	



Neurology / Seizure Chronic Care Clinic

NAME	Hampton Randall	AIS	INST	DOB	AGE	R/S	YEAR
		226420	Digors	10-15-63		B/m	2003
DATE	1-9-03						
PROBABLE DISORDER CAUSING SEIZURE		1995 head Trauma					
DATE FIRST DIAGNOSED							
? ALCOHOL OR DRUG RELATED		1-9-03 4/6/02					

SUBJECTIVE DATA: 0 3 MONTH

1. Frequency of seizures	1402 1 month	wt wk ago		
2. Aura (describe)	feel funny	dizzy / west		
3. Body movements	all rt	lvs		
4. L.O.C.	yes	yes		
5. Incontinence	yes	no		
6. Post ictal	sluggish	20-30 min		
7. Interview witness: staggering or dizziness	no	no		

NURSING EXAM: Q 3 MONTH

1. BP	120/80	120/74		
2. Pulse	100	98		
3. Temperature	97.5	98.2		
4. Gait	Steady	Steady		
5. Nystagmus	0	None		
6. Alertness	100	100%		

LAB TEST RESULTS (as ordered)

1. E.E.G.		Not ordered		
2. C.T.		Not ordered		
3. Drug level (specify)	to level	Nil.		

MEDICATIONS

Telaprevir 300 BID				
Ribavirin 600 BID				
Medication compliance	KOP	Yes		
Date medication ordered	1-9-03	Yes		
Education and counseling		Yes		

DOCTOR EXAM Q 6 MONTHS

Date		
1. Nystagmus	1-9-13	
	✓	
2. Gait	steady	
3. Focal neuro deficit	✓	
	2/1	



DEPARTMENT OF CORRECTIONS

NURSE'S
CHRONIC CARE CLINIC
SEIZURES

DATE	TIME	SEIZURES	DATE ORDERED	TIME ORDERED	
3-4-04	1155	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES <i>NKA</i>
		O: VS: T-98 P-92 R-16			
		Wt-155 lbs 123/78			
		AGE OF ONSET: 9/4/0. 1995			P: LABS LEVELS NEEDED:
		POSSIBLE ETIOLOGY	3/4/04		<i>CBC</i>
		HEAD TRAUMA <input checked="" type="radio"/> Y <input type="radio"/> N			<i>Phenobarbital level 2</i>
		DRUG RELATED <input checked="" type="radio"/> Y <input type="radio"/> N			<i>Tegretal level 6.</i>
		TYPE OF SEIZURES: <i>possible Jacksonian</i>			
					ORDERS:
		FREQUENCY OF SEIZURES: <i>Varied</i>			
		REVIEW OF DIAGNOSTIC STUDIES			
		<i>Children Hosp. B'ham</i> CT SCAN <input checked="" type="radio"/> Y <input type="radio"/> N			
		MRI <input checked="" type="radio"/> Y <input type="radio"/> N			
		EEG <input checked="" type="radio"/> Y <input type="radio"/> N			MEDICATION:
		PERScription COMPLIANCY <input checked="" type="radio"/> Y <input type="radio"/> N			<i>Phenobarbital</i>
		ANTICONVULSANT DRUG LEVELS ORDERED <input checked="" type="radio"/> Y <input type="radio"/> N			<i>40mg T Bid</i>
		DATE: 3-4-04			<i>Tegretal 400mg</i>
		WITH IN THERAPUTIC RANGE <input checked="" type="radio"/> Y <input type="radio"/> N			<i>Bid.</i>
		HAS PATIENT BEEN IN THE INFIRMARY/HOSPITAL			F/U CCC WITH IN 30 DAYS BY THE NURSE
		SINCE LAST CCC <i>Discipline</i> <input checked="" type="radio"/> Y <input type="radio"/> N			F/U CCC WITH IN 90 DAYS BY THE DOCTOR
		EDUCATION DONE <input checked="" type="radio"/> Y <input type="radio"/> N			
		A: SEIZURE ACTIVITY:			SIGNATURE <i>MD Christy</i>
		CONTROLLED/UNCONTROLLED <input checked="" type="radio"/> UNCONTROLLED			

INMATE NAME (LAST, FIRST, MIDDLE)

Hampton, Remond

DATE OF BIRTH

10/5/83

AGE

20

RACE/SEX

BM

ID#

226420



DEPARTMENT OF CORRECTIONS

 PHYSICIAN'S
 CHRONIC CARE CLINIC
 SEIZURES

DATE	TIME	SEIZURES	DATE ORDERED	TIME ORDERED	
3/8/04 paw		S: 90 DAY CHRONIC CARE CLINIC			ALLERGIES: <i>NKA</i>
		O: VS: T <i>98</i> P <i>80</i> R <i>16</i>			
		Bp <i>120/80</i> Wt <i>155</i>			
		REVIEW OF NURSES CCC RECORDS <i>(Y)</i> N			P: LABS REVIEWED: <i>1/3</i>
		NOTES:			CBC YEARLY
		<i>PT is compliant</i>			DILANTIN LEVEL YEARLY
		<i>& keep good</i>			TEGRETOL LEVEL EVERY YEAR
					UNLESS PROBLEMS
					ORDERS:
		NEUROLOGICAL EXAM:			<i>add to the</i>
		EYE NYSTAGMUS <i>(Y)</i> N			<i>compliance</i>
		REFLEXES: <i>+ul</i>			<i>meds</i>
		ATAXIA <i>(Y)</i> N			
		PUPIL SIZE NORM <i>(Y)</i> N			
		ANY ADDED INFORMATION <i>(Y)</i> N			MEDICATION:
		NOTES:			<i>Phenobarbital 60mg</i>
					<i>T Bid</i>
		GENERAL EXAM:			<i>Tegretol 200mg Two</i>
		<i>no h eme</i>			<i>Tablets B.I.D.</i>
		<i>no m</i>			F/U CCC WITH IN 30 DAYS
		<i>no dx</i>			BY THE NURSE/DOCTOR
		<i>no dx</i>			<i>[Signature]</i>
		<i>no dx</i>			<i>3/8/04</i>
		A- SEIZURE ACTIVITY:			
		CONTROLLED / UNCONTROLLED			

INMATE NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

AGE

RACE/SEX

ID#

*Hampton, Randal**10-15-83**B M**226420*

NURSE'S

S: CHRONIC CARE CLINIC

DATE/TIME

O: VS T970 P 172 R 20

BP 120/70 WT 58.5

Age of onset 10 years old

Type of seizure

Head Trauma

Drug Related

Frequency of seizure *Unsure*

Last seizure 3-4 months ago

Description of last SZ activity: unstable

Anticonvulsant drug levels drawn:

Date: 7/04

Compliant with meds

KOP

Bottom Bunk profile

Recently admitted to hospital/infirmary:

~~Date~~

Notes:

Notes: ypt tried to hang
self - on 0704.

ALLERGIES

NKA

P: LABS REVIEWED

Order
Phenbarb
Tegretal
Hepatic Profile
CBC / BBD

Status: (circle)
Improved, Unchanged, Worsened

Level of Control: (circle)
Good, Fair, Poor

CCC WITH NURSE (circle)
1, 2, ③ Months

CCC WITH MD (circle)
1, 2, 3, 4, 5, 6 Months

Education Done

Topic:

INMATE NAME

NUMBER

AGE

RACE/SEX

SIGNATURE:

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
 Unchanged—The frequency of seizures has remained the same
 Worsened—The number of seizures has increased

DEPARTMENT OF CORRECTIONS

PHYSICIAN'S

SEIZURE CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC				ALLERGIES	
DATE/TIME <i>01/16/04 10:00 pm</i>				<i>NKA</i>	
O: VS T <i>20.2</i> P <i>68</i> R <i>10</i>					
BP <i>120/72</i> WT <i>158</i>					
REVIEW OF NURSES CCC RECORD					
YES <i>/</i> NO					
Neurological exam: <i>None</i>					
Nystagmus					
Pupils <i>None</i>					
Reflexes					
Description of last SZ activity: <i>Tonic-clonic</i>				P: LABS <i>02</i>	
Treatment Goals					
<i>Stabilization of Seizure</i>					
ORDERS:					
<i>None</i>					
Notes: Seizure activity: <u>Controlled</u> Uncontrolled (circle one)					
<i>Compliance</i>					
MEDICATION:					
<i>phosphen</i>					
<i>tegestol</i>					
STATUS: (circle)					
<u>IMPROVED</u> , UNCHANGED, WORSENER.					
CONTROL LEVEL: (circle)					
<u>GOOD</u> , FAIR, POOR					
CCC WITH NURSE (circle)					
<u>1, 2, 3</u> MONTHS.					
CCC WITH MD (circle)					
<u>1, 2, 3, 4, 5, 6</u> MONTHS.					
EDUCATION DONE TOPIC		Y <i>/</i> N <i>/</i> <i>Seizure Prevention</i>			
INMATE NAME		NUMBER	AGE	RACE/SEX	SIGNATURE
<i>Hampton, Randal</i>		<i>226420</i>	<i>20</i>	<i>Bm</i>	<i>[Signature]</i>

Control: ☒ Good—No seizure activity since last visit
☐ Fair—One seizure since last visit
☐ Poor—More than one seizure since last visit

Status: ☐ Improved—The number of seizures has diminished
☐ Unchanged—The frequency of seizures has remained the same
☐ Worsened—The number of seizures has increased

SEIZURE CHRONIC CARE CLINIC

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
 Unchanged—The frequency of seizures has remained the same
 Worsened—The number of seizures has increased

NURSE'S

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
 Unchanged—The frequency of seizures has remained the same
 Worsened—The number of seizures has increased

DEPARTMENT OF CORRECTIONS

PHYSICIAN'S

SEIZURE CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC		ALLERGIES	
DATE / TIME		2/1/8705	
O: VS T P R ..			
BP 120/70 WT			
REVIEW OF NURSES CCC RECORD			
(YES) NO			
Neurological exam:			
Nystagmus		none	
Pupils			
Reflexes		OK	
Description of last SZ activity:		P: LABS	
tonic clonus			
Treatment Goals			
Prevention of Seizures			
		ORDERS:	
Notes: Seizure activity: (Controlled) Uncontrolled (circle one)			
Will continue on Phenytoin			
		MEDICATION:	
		Phenytoin	
		600 mg BID	
		Levetiracetam 300 mg BID	
		STATUS: (circle)	
		IMPROVED, UNCHANGED, WORSENER.	
		CONTROL LEVEL: (circle)	
		GOOD, FAIR, POOR	
		CCC WITH NURSE (circle)	
		1, 2, 3 MONTHS.	
		CCC WITH MD (circle)	
		1, 2, 3, 4, 5, 6 MONTHS.	
EDUCATION DONE TOPIC			
(Y) N Seizures			
INMATE NAME	NUMBER	AGE	RACE/SEX
Hampton, Tom Hall	2261430	21	
SIGNATURE:			
[Signature]		2/1/8705	

Control: Good—No seizure activity since last visit
 Fair—One seizure since last visit
 Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
 Unchanged—The frequency of seizures has remained the same
 Worsened—The number of seizures has increased

Seizure/

Postictal State

Nursing Evaluation Tool:



Facility: BBB

Patient Name: Jonathan Randall

Last

First

Date of Birth: 10/15/1983

MI

Inmate Number: 226420

MM

DD

YYY

Date of Report: 11/20/2005

MM

DD

YYY

Time Seen: 830

AM / PM

Circle One

Subjective:

Chief Complaint(s): chute out in waiting area having SE.Onset: 830 AM

History:

(Continue on back if necessary)

1st of med = Tylenol + Phenergan

Check Here if additional notes on back

Significant History:

Epilepsy ☐ NO ☐ YES
Cardiac ☐ NO ☐ YESDiabetes ☐ NO ☐ YES
Psychiatric ☐ NO ☐ YESHead trauma ☐ NO ☐ YES
Alcohol Abuse ☐ NO ☐ YESRecent change or discontinuation of meds: ☐ NO ☐ YESLast documented seizure: ☐ None ☐ Unknown ☐ Known (how long ago?)

IF PATIENT IS ACTIVELY SEIZING PROVIDE SUPPORTIVE CARE

DO NOT ATTEMPT TO PHYSICALLY RESTRAIN.

Objective:

Vital Signs: T: 98 P: 87 RR: 20 B/P: 140/84 FSBS = 90

*Note: Do NOT attempt to obtain an oral or rectal temp on a postictal patient; defer until patient is stabilized.

Blood Glucose: 90Pulse Ox %: 98 % ☐ Room Air ☐ O2 LPM:
Skin: ☒ Warm ☐ Cool ☐ Dry ☐ Moist/clammy Skin Color: ☐ Normal ☐ Pallor ☐ Flushed ☐ Jaundice
Neurologic:(AVPU) ☐ Awake ☐ Responds to Voice ☐ Responds to Pain ☐ Unresponsive
(Check the appropriate highest response level) ☐ Postictal-Disoriented ☐ Agitated

Pupils:

Pupil: ☒ PERRL ☐ Pupils unequal/abnormal: Right
☒ PERRL
☐ Constricted
☐ Dilated
Unequal:

Left

☒☐☐Incontinence: ☒ None ☐ Incontinent urine ☐ Incontinent fecesIncurred injuries: ☐ None apparent ☒ Yes B.I. inside of bottom (P)

Additional Findings

(Continue on back if necessary)

Check Here if continued on back

*Repeat Exam 15-30 minutes post seizure (If initial evaluation began just after seizure activity ceased)

Time: 845 AM / PM Circle One Vital Signs: T: 98.2 P: 80 RR: 20 B/P: 136/80Pulse Ox %: 98 % ☐ Room Air ☐ O2 LPM:
Skin: ☒ Normal ☐ Pallor ☐ Flushed ☐ Cyanotic ☐ Warm ☐ Cool ☐ Dry ☐ Moist/clammy
Neurologic:(AVPU) ☐ Awake ☐ Responds to Voice ☐ Responds to Pain ☐ Unresponsive
☐ Postictal-Disoriented ☐ AgitatedRepeat Blood Glucose: 89 (As Indicated)Pupils:
Right
☒ PERRL
☐ Constricted
☐ Dilated
Unequal:
Left
☐

Assessment:

Check All That Apply:

☐ Call Placed To Physician
☒ Transport to Infirmary for observation.
☐ Call Placed to 911

Plan:

Check All That Apply:

☐ Oxygen (2-4LPM per N/C)
☐ Treatment for hypoglycemia, if indicated
☒ Supportive care in quiet safe environment
☐ Other: As med pt missed @ the 0400 dose R/P Pt overslept/No one woke him
(Describe)

x

Nurses Signature: [Signature]Name: Holderfield

Printed

Physician's Chronic Care Clinic
 Date: 5/2/05 Time: 1120 Facility: BCCF 226 420 Washington Randa

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

OBJECTIVE: BP 120/66 HR 68 RR 20 Temp 98.5 Wt 165 Peak Flow

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

It is taken his size med.

*will try
no new drug*

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
 Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: *will work on phos/fiberol*

F/U: Routine 90 days: ✓

Other

[Signature]
 Physician MI

Problem List updated: Yes No

PRISON HEALTH SERVICES

Nurse's Chronic Care Clinic

Date: 7/30/05 Time: 1130 Facility: BCCFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBVital Signs: BP 120/68 P 76 R 20 T 98.4
SUBJECTIVE:For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:
See attached for monofilament check.For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates: For seizure patients, list the # of witnessed seizures since the last CIC visits: 0 Dates: NAALLERGIES: NKA CURRENT DIET: RegMEDICATIONS: Toprol; PhenobarbDESCRIBE MED AND DIET ADHERANCE: CompliantDESCRIBE ANY MED SIDE EFFECTS: None notedVACCINES: Flu Pneumovax Hep A Hep B For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.

(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on : CD4 & HIV-RNA 1 on :Peak Flow : LFTs on ; Serum Drug Levels on ; EKG ; CXR :

Medications:

Phenobarb 60mg BID
Toprol 100mg 3 tabs TID
5/2/05 carbamazepine 7.0
phenobarbital 20

Patient Educated on:

D. Amess of 4/17 cc Seizures. No noted seizure
activity in passed week.

Inmate Signature Nurses Signature and Title Wendal JH

Hamilton, Randall
NAME

M
GENDER

B
RACE

226420
AIS
10/15/03
DOB

Date: 1/30/05 Time: 1130 Facility: BCOFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBOBJECTIVE: BP 120/68 HR 76 RR 20 Temp 98 Wt 162 Peak Flow

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

nbse

ausm

left AF

no new signal

Pz non-

Expiral for

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: will continue on Glucophage & Lasix
PhenBarb 1 each dx

F/U: Routine 90 days: ✓Other Physician MTProblem List updated: Yes No

(01/31/05)

PRISON HEALTH SERV.

Name: Hampton, RandallInmate # 220420DOB: 10/15/88Race: B Gender: M

Nurse's Chronic Care Clinic

Date: 10/12/00 Time: 1020 Facility: BCCFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE:

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates:For seizure patients, list the # of witnessed seizures since the last CIC visits: Dates:ALLERGIES: HalalCURRENT DIET: RegDESCRIBE MED AND DIET ADHERANCE: CompliantDESCRIBE ANY MED SIDE EFFECTS: None notedVACCINES: Flu Pneumovax Hep A Hep B

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.

(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on ; CD4 & HIV-RNA 1 on ;Peak Flow ; LFTs on ; Serum Drug Levels on ; EKG ; CXR ;

MEDICATIONS:

Phenobarb 60mg BID
Seizure 100

Patient Educated on:

0. Increased risk Seizures. No valid S/S
of G/S Seizure activity in passed 3 months
E instructed on safetyNurses Signature and Title: Wendy C. Hampton Inmate Signature: Randall Hampton

(01/31/05)

Physician's Chronic Care Glir

Hampton, Randal
226420

Date: 10/12/05 Time: 1020 Facility: BCC F

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL ☒ SZ TB

OBJECTIVE: BP 142/88 HR 72 RR 22 Temp 98.6 Wt 162 Peak Flow

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, AP ratio; SZ-HEENT, neurological; GI-abdomen.

no signs

found w/

taking med

His signs do not fit into any known category

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN:

continue current care, since his
sugars are under controlF/U: Routine 90 days: ☒

Other

Physician

Problem List updated: Yes No

ISON HEALTH SERVICES

Nurse's Chronic Care Clinic

Date: 12/10/06 Time: 1500 Facility: BECF

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

Vital Signs: BP 140/80 P 77 R 20 T 97.6

SUBJECTIVE:

For diabetic patients list the # of hypoglycemic reactions since the last CIC visit: 0 Dates:

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: 0 Dates:

For seizure patients, list the # of witnessed seizures since the last CIC visits: 0 Dates:

ALLERGIES: Haldol CURRENT DIET: Reg

MEDICATIONS: Listed

DESCRIBE MED AND DIET ADHERANCE: Compliant

DESCRIBE ANY MED SIDE EFFECTS: None reported

VACCINES: Flu Pneumovax Hep A Hep B

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.

(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on ; CD4 & HIV-RNA 1 on ;
Peak Flow ; LFTs on ; Serum Drug Levels on ; EKG ; CXR ;

Medications:

Phenobarb 60 mg BID
2c gretol 100 mg

9/6/95
2c gretol 4.4

Phenobarbital 17

Patient Educated on:

Compliance Instructed on Safety and Medication

Inmate Signature

Randall Hampton

Nurses Signature and Title

Un. Guals Jr

Hampton, Randall
NAME

M
GENDER

B
RACE

226 420

AIS

10/15/83

DOB

PRISON HEALTH SERVICE

Physician's Chronic Care Clinic

Date: 12/10/06 Time: 1500 Facility: BCCFCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE:

*no issues*OBJECTIVE: BP 140/184 HR 77 RR 20 Temp 97.6 Wt 164 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

*More new renal
don't OK**Phas 17*ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM			HTN/CARD			SZ			PUL			ID			GI			OTHER		
Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control		
G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P
Status			Status			Status			Status			Status			Status			Status		
I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W

PLAN:

will continue on current plan

F/U: Routine 90 days: _____ Other _____

Problem List Updated: Yes No

[Signature]
Physician/NP/PA*Hampton Pendall*
NAME*M*
GENDER*B*
RACE*226420*
AIS#*10/15/83*
DOB

PRISON HEALTH SERVICES

Nurse's Chronic Care Clinic

Date: 3/20/06 Time: 1100 Facility: BCCF

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

Vital Signs: BP 130/74 24 R 18 T 98°

SUBJECTIVE:

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: 0 Dates: NA
See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: 0 Dates: NA

For seizure patients, list the # of witnessed seizures since the last CIC visits: 0 Dates: NA

ALLERGIES: Halibut CURRENT DIET: Reg

MEDICATIONS: Listed

DESCRIBE MED AND DIET ADHERANCE: Compliant

DESCRIBE ANY MED SIDE EFFECTS: None noted

VACCINES: Flu Pneumovax Hep A Hep B

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.
(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on ; CD4 & HIV-RNA 1 on ;
Peak Flow ; LFTs on ; Serum Drug Levels on ; EKG ; CXR ;

Medications:

Phenobarb 100 mg BID
Zegretol 100 mg qd

12/13/06
Phenobarb level 17
Zegretol level 6.1

Patient Educated on:

E Instructed on Continued Safety Measures
E Seizure activity

Inmate Signature Randall Hampton

Nurses Signature and Title W. Nalpa

Hampton, Randall
NAME

M
GENDER

B
RACE

226420
AIS
10/18/83
DOB

Physician's Chronic Care Clinic

Date: 3/20/06 Time: 1100 Facility: BCCF

Check all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE:

No conphal

OBJECTIVE: BP 130/74 HR 84 RR 18 Temp 98.6 Wt 165 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

*nk 50
w/ m
dys 40
add. 8
gall*

*Frid 02
very frequent
sugar*

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Co
G F P	G F P	G F P	G F P	G F P	G F P	G F I
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S

PLAN: *will continue on the phendyls*

F/U: Routine 90 days: ☒ Other _____

Problem List Updated: Yes No

Dr. J. 3/24/06
Physician/NP/PA

Hampton Randall
NAME

M
GENDER

B
RACE

226420
AIS#
10/15/83
DOB

Date: 6/8/06 Time: 1130 Facility: BAR

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

Vital Signs: BP 130/68 P 74 R 20 T 98
SUBJECTIVE:

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:
See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates:

For seizure patients, list the # of witnessed seizures since the last CIC visits: Dates: N/A

ALLERGIES: Haldol CURRENT DIET: Reg

MEDICATIONS: Aspirin

DESCRIBE MED AND DIET ADHERANCE: Compliant

DESCRIBE ANY MED SIDE EFFECTS: None noted

VACCINES: Flu Pneumovax Hep A Hep B

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.
(This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on ; CD4 & HIV-RNA on ;
Peak Flow ; LFTs on ; Serum Drug Levels on ; EKG ; CXR ;

Medications:

Phenobarb 60mg BID
Sequetol 100mg qd

3/21/06
Sequetol 8
Phenobarb 19

Patient Educated on:

Instructed the safety measures for seizure activity

Inmate Signature Randall Hampton 226420

Nurses Signature and Title Michael J.

Hampton, Randall
NAME

M
GENDER

B
RACE

226420
AIS
10/15/83
DOB

Physician's Chronic Care Clinic

Date: 6/8/06 Time: 1130 Facility: BaptCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE:

No signsOBJECTIVE: BP 130/168 HR 74 RR 20 Temp 98 Wt 170 Peak Flow _____

NOTE: PE findings for CIC patients should be disease specific and focused on prevention of end-organ

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

None well
no new signs

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor

Status: I=Improved, S=Stable, W=Worsened

DM			HTN/CARD			SZ			PUL			ID			GI			OTH		
Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control		
G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P
Status			Status			Status			Status			Status			Status			Status		
I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W

PLAN:

Carb. Phos / fexof

F/U: Routine 90 days: _____ Other _____ Problem List Updated: Yes

Jon Olsb
Physician/NP/PA

Amptown NAME Bandall

M GENDER B RACE

226420 AISE

10/15/83 DOB